

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/838215

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
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14		①				
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16		①				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23		①				
24	1					
25	1					
26		2				
27		①				
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.		1				
TOTAL CLAIMS	1					

	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DE
	IND.			IND.			IND.		
51									
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98									
99									
100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS